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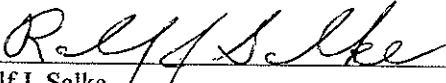
MISSOURI DEPARTMENT OF CORRECTIONS  
INSTITUTIONAL SERVICES  
POLICY AND PROCEDURE MANUAL

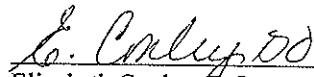
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IS11-10

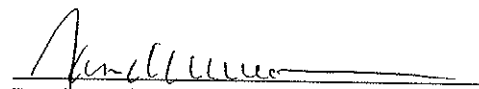
Notification in Emergencies

Effective Date: **October 22, 2004**

  
Ralf J. Salke  
Senior Regional Vice President

  
Elizabeth Conley, D.O.  
Regional Medical Director

  
George A. Lombardi, Director  
Division of Adult Institutions

  
Randee Kaiser, Director  
Division of Offender Rehabilitative Services

\*\*\*\*\*

**I. Purpose:** This procedure has been developed to ensure appropriate reporting of offender's next of kin, legal guardian, or personal representative is notified in the event of serious illness, injury, or death.

**A. AUTHORITY:** 217.175, 217.320 RSMo, National Commission on Correctional Health Care Standards for Health Services in Prisons, 2003.

**B. APPLICABILITY:** All offenders and staff in a correctional center and institutional treatment center under the jurisdiction of the Division of Adult Institution or Division of Offender Rehabilitative Services. Standard Operating Procedure specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional health providers, and the superintendent/designee.

**C. SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

**II. DEFINITION:**

**A. Critical Illness:** A severe condition of such nature that death is considered imminent.

**B. Serious Illness:** A condition which threatens an offender's life and that may persist for a period of time.

**III. PROCEDURES:**

**A.** In the event of an offender's serious/critical illness, injury, or death, the on-duty health care staff should notify the health services administrator.

1. The health services administrator should notify the senior regional vice president/designee, regional medical director, superintendent/designee, and department contract monitoring team, as soon as possible.

Effective Date: **October 22, 2004**

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2. In the event the health services administrator cannot be reached, the on-duty health care staff should notify the senior regional vice president/designee, regional medical director, and department contract monitoring team, as soon as possible. These notifications must be done person to person; messages should never be left on answering machines or with other individuals.
- B. Under no circumstances is information relative to an offender to be communicated to anyone other than the health services administrator/designee, the senior regional vice president/designee, the regional medical director, or the department contract monitoring team.
1. A written follow-up memorandum should be sent to the superintendent/designee with a copy to the offender's classification staff, as well as a copy being maintained in the medical record.
- C. Designated institutional staff should notify the appropriate parties as noted in D1-8.5 Offender Death Notifications and IS11-11 Procedure in the Event of an Offender Death.
- D. Consent prior to notifying any designated individuals should be obtained from the offender whenever possible. The following should be observed:
1. Whenever possible the health services administrator/designee shall secure a release of information from the offender designating an emergency contact for notification.
    - a. In the event a release was not secured, the accompanying officer/s will otherwise obtain a release at the hospital and notify the health services administrator or director of nursing of the obtained release and will forward the form to the health services unit.
    - b. Department release form Authorization for Verbal Release of Medical Information (Attachment A) shall be utilized.
  2. If the offender is unconscious, or cannot provide this information, the classification file should be checked for the emergency number by the superintendent/designee.
    - a. The designated staff will provide the information available to the health services administrator, director of nursing, or medical director to make notification; advising the offender is in serious or critical condition.
    - b. No further information should be provided.
- E. The health services administrator or director of nursing shall make notification to the emergency contact whenever an offender is admitted to the hospital with a life-threatening or critical illness.
1. There will be no notification for hospitalizations for routine, diagnostic procedures, or non critical illnesses/surgeries.
  2. Notification for conditions requiring hospitalizations of more than 72 hours will be determined on a case-by-case basis in consultation with the Superintendent/designee.
  3. Healthcare staff will not reveal the hospital name or location to the offender. Inquiries made to healthcare staff of offender off-site services, hospitalization, or inquiries such as requests for visiting will be referred to the health services administrator or designee.

Effective Date: **October 22, 2004**

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**IV. ATTACHMENTS**

- A. 931-3532 Release (Verbal) Of Medical Information Authorization

**V. REFERENCES:**

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-A-10 Procedure in the Event of Inmate Death – *important*, P-G-12 Care for the Terminally Ill – *important*, P-H-02 Confidentiality of Health Records and Information – *essential*.
- B. IS11-11 Procedure in the Event of an Offender Death
- C. D1-8.5 Offender Death Notifications
- D. IS24-1.3 Offender Death

**VI. HISTORY:** This procedure was originally covered by IS11-8.1 Notification in Emergencies Procedure located in the Missouri Department of Corrections Institutional Services Policy and Procedures Manual; Original Rule Effective: August 15, 1994.

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999
- C. Revised Effective Date:



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS

ATTACHMENT A

RELEASE (VERBAL) OF MEDICAL INFORMATION AUTHORIZATION

INSTITUTION \_\_\_\_\_

OFFENDER NAME \_\_\_\_\_

DOC NUMBER \_\_\_\_\_

ROOM NUMBER \_\_\_\_\_

I hereby authorize the request that any and all medical information be verbally released by officials of the Missouri Department of Corrections to my emergency contact stated below.

NAME \_\_\_\_\_

STREET ADDRESS/P.O. BOX \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

RELATIONSHIP TO OFFENDER \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_

WORK TELEPHONE NUMBER \_\_\_\_\_

CELLULAR TELEPHONE NUMBER \_\_\_\_\_

OFFENDER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

STAFF WITNESS SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that I can change my emergency contact at any time by completing a new form and submitting it to my caseworker.



Missouri

Mel Carnahan, Governor

## DEPARTMENT OF CORRECTIONS

Dora B. Schriro, Ed.D., Director

### Division of Offender Rehabilitative Services

Medical/Education/Mental Health/  
Substance Abuse/Sex Offender Services  
2729 Plaza Drive  
P.O. Box 236  
Jefferson City, Missouri 65102  
573-751-2389 TDD Available  
573-526-8156 (Fax)

MO Vocational Enterprises  
1717 Industrial Drive  
P.O. Box 1898  
Jefferson City, Missouri 65102  
573-751-6663 800-392-8486  
800-347-7541 TDD  
573-751-9197 (Fax)

William F. Potter  
Division Director

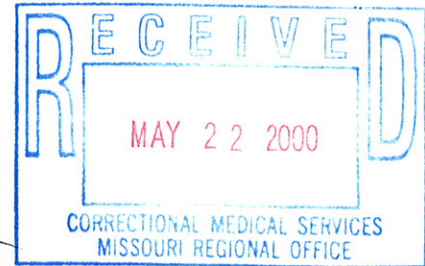
#### M E M O R A N D U M

DATE: May 22, 2000

TO: Rhonda L. Twaddell  
Maryville Treatment Center

FROM: Randee M. Kaiser *finell...*  
Assistant Director/Medical Services

SUBJECT: CMS Access to IEMR



The new policy requires Correctional Medical Services to notify family members of hospitalized inmates only after CMS staff have notified the Superintendent and have received clearance to do so.

The CMS staff person can receive needed emergency information from the Superintendent or his designee.

For this reason, I am not approving your request to authorize CMS' access to IEMR.

RMK:kg

c: Bill Burgess  
John Meisel  
John Roper  
File

*Ralf  
FYI*

*Ralf RS*  
*Nancy M*  
*DOC File*

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Missouri

Mel Carnahan, Governor

## DEPARTMENT OF CORRECTIONS

Dora B. Schiro, Ed.D., Director

### Division of Offender Rehabilitative Services

Medical/Substance Abuse Services/ MO Vocational Enterprises  
Education/Mental Health 1717 Industrial Drive  
2729 Plaza Drive P.O. Box 1898  
P.O. Box 236 Jefferson City, Missouri 65102  
Jefferson City, Missouri 65102 573-751-6663 800-392-8486  
573-751-2389 TDD Available 800-347-7541 TDD  
573-526-8156 (Fax) 573-751-9197 (Fax)

R. Dale Riley  
Division Director

Ralf *RS*  
Nancy *N*  
Jewel *JW*  
Deb *DS*  
Clayton *CH*  
Gary *GM*  
Liz *EC*  
John T. *JT*

### MEMORANDUM

DATE: January 10, 2000  
TO: Ralf Salke  
FROM: *Judy Hudson* Judy Hudson, R.N., Chief of Nursing Services  
SUBJECT: Hospitalized Inmates

\*\*\*\*\*

As requested by Mr. Lombardi, please only provide medical information to the families of hospitalized offenders discussed in Section 4 in the Notification section.

Do not discuss the name of the hospital, the hospital location or room numbers.

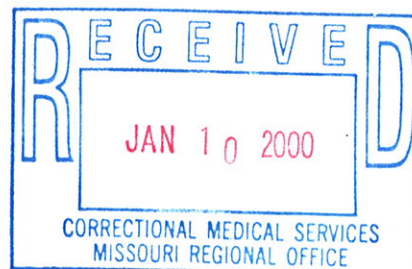
This information is to only be provided by the superintendent/designee.

Please ensure this is communicated to all medical units.

If you have additional questions, please let me know.

JH/dmh

cc: George Lombardi  
Ranee Kaiser  
File



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Missouri

Mel Carnahan, Governor

**DEPARTMENT OF CORRECTIONS****Division of Adult Institutions**

2729 Plaza Drive  
P.O. Box 236  
Jefferson City, Missouri 65102  
573 - 751-2389 TDD Available  
573 - 751-4099 (Fax)

Dora B. Schriro, Ed.D., Director

George A. Lombardi,  
Division Director

\* M E M O R A N D U M \*  
(sent via e-mail)

*did not get*

DATE: December 30, 1999

TO: Superintendents

(SIGNATURE ON FILE)  
FROM: George A. Lombardi, Director  
Division of Adult Institutions

(SIGNATURE ON FILE)  
Dale Riley, Director  
Division of Offender Rehabilitation Services

SUBJECT: Operational Memorandum, Post Orders, and Operating  
Procedures for Offenders Hospitalized--UPDATE--

The Department of Corrections believes that maintaining family ties and fostering positive support from family members is important. It has been reported that offenders with strong family ties are more successful after release from the Department of Corrections. Since over 97% of our population will eventually be released, fostering positive family contact can be beneficial in the preparation for the offender to enter the community and thus potentially reducing the chance for the offender to re-offend.

The third level of Maslow's hierarchy of needs denotes the need for belonging. People need the love of their families. A hospitalized patient who receives family visitation and support may heal faster.

It is the desire of the Department to work in partnership and cooperation with the hospitals in which our offenders receive care. The hospitals have also recognized the need for familial contact for their patients. Each hospital has developed specific parameters regarding visitations within the hospital. Our offenders will receive no more access than any other patient receiving visits from their family. The same hospital visiting procedures regarding visitation time, security, restrictions, and procedures for dealing with

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grieving/upset families, etc. will apply to our offenders while serving as patients.

In addition to the hospital regulations, the following updated Operational Memorandum will be followed effective immediately:

#### Restraints

- 1) It must be clear that restraints shall be removed from the offender whenever they directly interfere with treatment or impede any life-threatening intervention. If the attending physician has determined a legitimate and or life threatening circumstance would warrant the removal of any restraining device, the physician should inform the officer and place the order in writing in the patient's chart.
- 2) Except in medical emergencies noted above, all offenders will remain restrained unless authorization is received by that officer's shift supervisor to remove or adjust them.

#### Communication

- 1) The officer who is supervising the offender will notify the shift supervisor reference admission or discharge, room moves, medical emergencies or other changes in status in a timely manner.
- 2) The shift supervisor shall ensure that the facility to which the offender is assigned is notified immediately of any emergency situation or any other changes in the offender's status.

#### Notification

- 1) Notification to the emergency contact shall be made by the Health Services Administrator or Director of Nursing whenever an offender is admitted to a hospital. Notification shall not occur when outpatient services, routine examinations and out-counts are provided; when the offender is returned the same day; stays are less than 24 hours; or the condition is not serious.
- 2) Whenever possible the Health Services Administrator or Director of Nursing shall secure a release of information from the offender designating an emergency contact for notification. Officers will otherwise obtain at the hospital. Medical will be notified it is completed and Officers will forward the form to the medical unit. Departmental release forms shall be utilized.
- 3) The Health Services Administrator or Director of Nursing shall notify the Superintendent/designee to ascertain if a call to the offender's emergency number would affect outcount security.



4) After the Health Services Administrator or Director of Nursing obtains security clearance, he shall notify the family of the hospitalization and the offender's condition. The family will be made aware at this time inquiries, questions, medical updates can be obtained from this individual by calling the Health Services Administrator or Director of Nursing. Any other inquiries related to visits shall be directed to the Superintendent/designee.

#### Visitation

- 1) Visitation by immediate family shall be permitted when:
  - \* offender's hospitalization lasts more than 24 hours
- 2) The following offenders will not be permitted to receive visits in the hospital:
  - \* capital punishment offenders
  - \* offenders with a high risk of escape such as a history of escape or attempted escape
  - \* offenders who are currently assigned to Administrative Segregation
  - \* All high-risk offenders shall be supervised by two Corrections Officers at all times.
- 3) Arrangements for a collect telephone call shall be made when:
  - \* An offender is critically or seriously ill and the family is not able to visit or a documented security concern prevents the offender from receiving a visit.
- 4) Offenders meeting the above criteria will be permitted to receive a 1-hour visit with immediate family members who are on the approved visiting list beginning the second full day the offender is in the hospital during the hospital's regular visiting hours. The offender may receive a visit with no more than two approved immediate family members at a time. Family members will be permitted to rotate in and out of the offenders room during the 1-hour visit.
- 5) In case of lengthy hospital stays, the offender will be permitted to receive a subsequent 1-hour visit with immediate family every two days.

#### Post Orders

Effective immediately, the Central Region's Outside Medical Facilities Inpatient Post Orders and Operating Procedures shall be adapted statewide (attached).

Staff Equipment

Officers assigned to supervise offenders in the hospital will be issued the following equipment:

- \* cell phone
- \* appropriate restraints to secure the offender

GAL/DR/ARE/csg

c: Inspector General Sko Grimes  
Lisa Jones  
Randy Kaiser  
File

\*\*\*\*\*

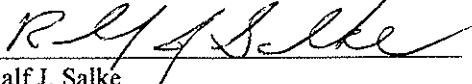
MISSOURI DEPARTMENT OF CORRECTIONS  
INSTITUTIONAL SERVICES  
POLICY AND PROCEDURE MANUAL


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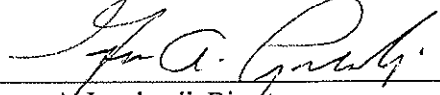
IS11-12

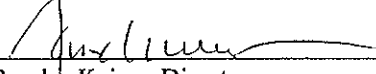
Grievance Mechanism

Effective Date: **October 22, 2004**

  
Ralf J. Salke  
Regional Vice President

  
Elizabeth Conley, D.O.  
Regional Medical Director

  
George A. Lombardi, Director  
Division of Adult Institutions

  
Randee Kaiser, Director  
Division of Offender Rehabilitative Services

\*\*\*\*\*

**I. Purpose:** This procedure has been developed to provide guidelines to ensure offender grievances regarding health services are addressed by the health services administrator/designee in a timely manner and in accordance with institutional procedures.

**A. AUTHORITY:** 217.175, 217.320 RSMo, National Commission on Correctional Health Care Standards for Health Services in Prisons, 2003.

**B. APPLICABILITY:** All offenders and staff in a correctional center and institutional treatment center under the jurisdiction of the Division of Adult Institution or Division of Offender Rehabilitative Services. Standard Operating Procedure specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional health providers, and the superintendent/designee.

**C. SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

**II. DEFINITION:**

None

**III. PROCEDURES:**

**A.** The health care staff should treat all offenders in a professional, courteous manner, ensuring fair and consistent treatment for each individual.

**B.** The health care staff should report instances of offender dissatisfaction to the health services administrator for informal intervention.

**C.** During offender orientation the health service administrator/designee will inform the offender that complaints regarding health care may be resolved informally by communicating with the health services administrator before initiating the formal grievance process.

**D.** Tracking of grievances should be recorded on the Offender Grievance Log-Medical (Attachment A) and maintained for a minimum of 3 years.

Effective Date: **October 22, 2004**

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- E. Tracking of grievances should be reported in the medical audit committee meeting to identify trends and opportunities to improve health services through corrective action.
- F. Offender grievances should be screened upon receipt by the health services administrator/designee and recorded in the Offender Grievance Log-Medical , with all areas completed as outlined.
  - 1. Responses should be completed as outlined in the Medical Grievance Flow Chart (Attachment B) and Inmate Grievance Procedure For Medical Complaints Occurring On or After 10/1/99 (Attachment C).
- G. All grievances should be addressed as outlined in D5-3.2 Offender Grievance.
- H. If the offender refuses the face-to-face interview at the informal resolution request step of the procedure, a resolution should be completed in writing.
- I. A written response on the Grievance Form to the offender providing an explanation or proposed resolution should be provided in accordance with departmental/institutional procedures.
- J. A copy of the documentation should be filed in a central grievance file in the health services unit. A copy of the grievance should not be included in the offender's medical record.
- K. The Offender Grievance Log-Medical should be completed to include:
  - 1. offender name,
  - 2. offender DOC number,
  - 3. date of IRR/grievance/appeal,
  - 4. date received,
  - 5. nature of IRR/grievance/appeal,
  - 6. grievance category (G.C.),
  - 7. date of interview,
  - 8. date of response,
  - 9. nature of response,
  - 10. staff responding, and
  - 11. resolution category.

#### IV. ATTACHMENTS

- A. 931-4181 Offender Grievance Log-Medical
- B. Medical Grievance Flow Chart
- C. Inmate Grievance Procedure For Medical Complaints Occurring on or After 10/1/99

#### V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-A-11 Grievance Mechanism for Health Complaints – *important*, P-A-06 Continuous Quality Improvement – *essential*.
- B. D5-3.2 Offender Grievance

Effective Date: **October 22, 2004**

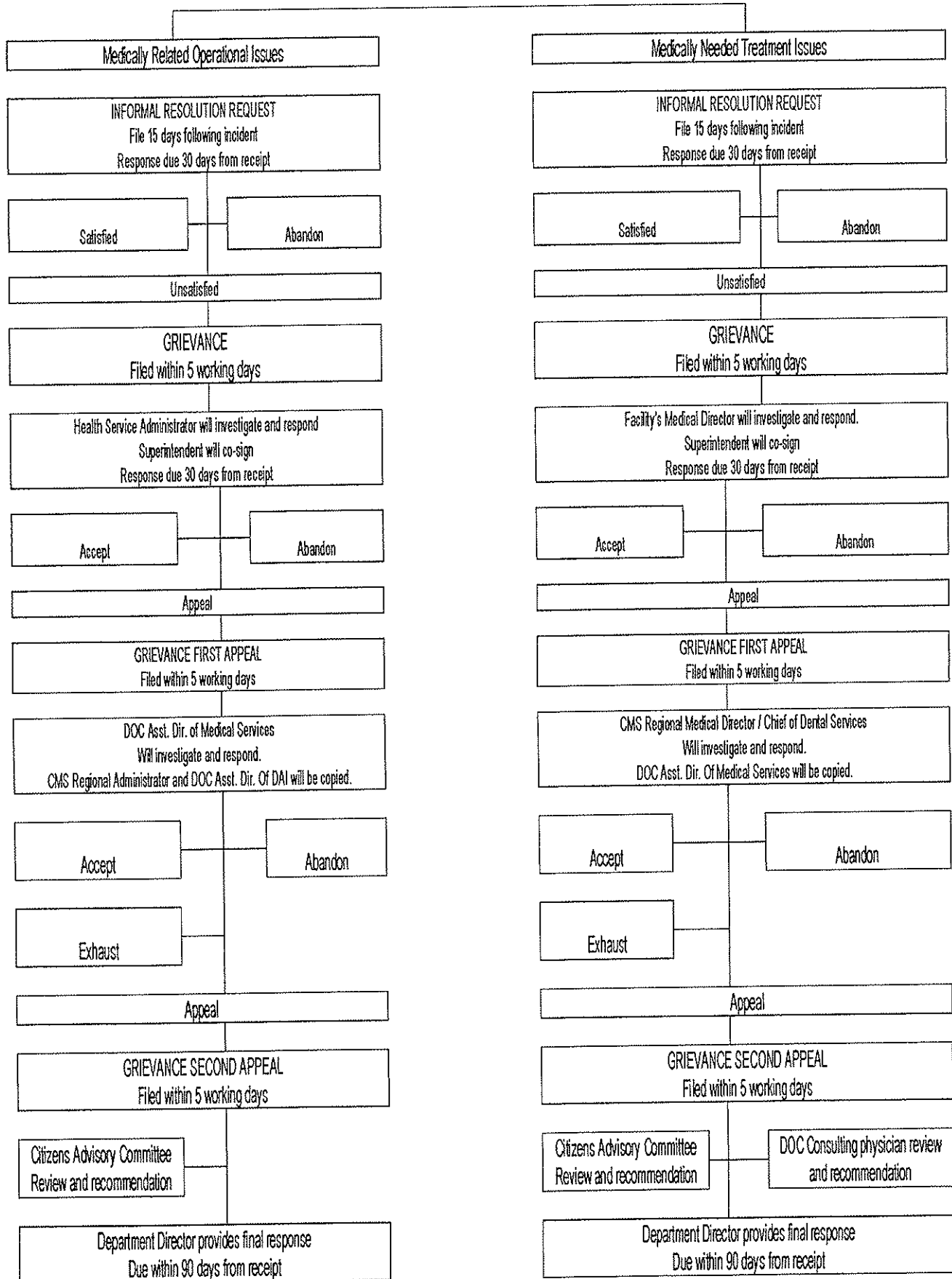
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**VI. HISTORY:** This procedure was originally covered by IS11-13.1 Grievance Mechanism Procedure located in the Missouri Department of Corrections Institutional Services Policy and Procedures Manual; Original Rule Effective: August 15, 1994 .

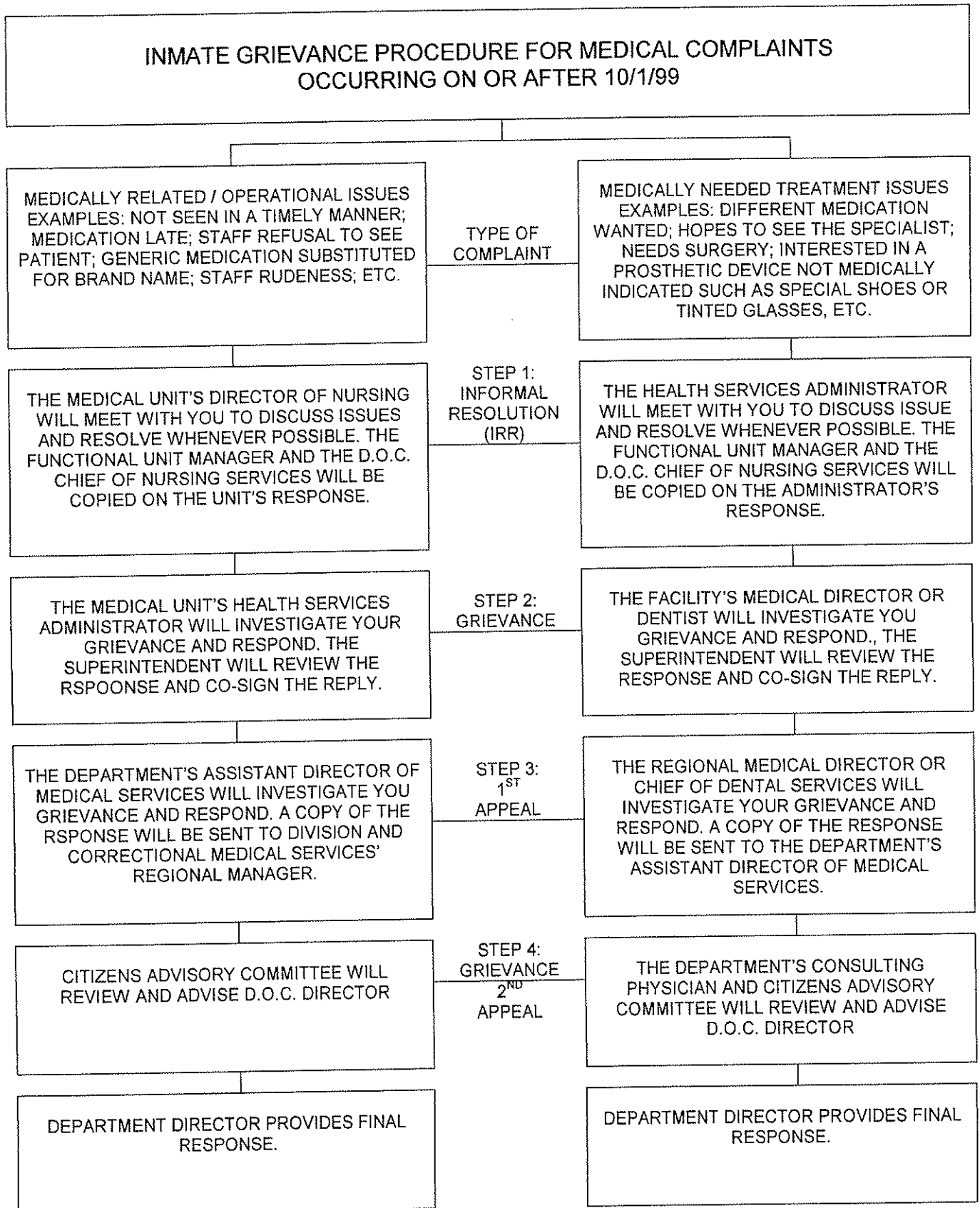
- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999
- C. Revised Effective Date:



# MEDICAL GRIEVANCE FLOW CHART



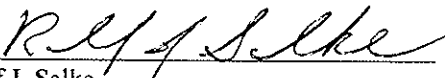


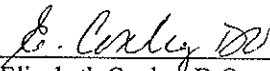



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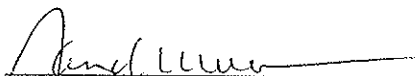
IS11-11 Procedure in the Event of  
An Offender Death

Effective Date: **October 22, 2004**

  
Ralf J. Salke  
Senior Regional Vice President

  
Elizabeth Conley, D.O.  
Regional Medical Director

  
George A. Lombardi, Director  
Division of Adult Institutions

  
Randee Kaiser, Director  
Division of Offender Rehabilitative Services

I. **Purpose:** This procedure has been developed to provide guidelines to ensure that accurate timely reporting and investigation of any offender death that occurs within the institution.

A. **AUTHORITY:** 217.175, 217.320 RSMo, National Commission on Correctional Health Care Standards for Health Services in Prisons, 2003.

B. **APPLICABILITY:** All offenders and staff in a correctional center and institutional treatment center under the jurisdiction of the Division of Adult Institution or Division of Offender Rehabilitative Services. Standard Operating Procedure specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional health providers, and the superintendent/designee.

C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. **DEFINITION:**

None

III. **PROCEDURES:**

A. At the time of an offender's death, the following individuals should be notified as soon as possible:

1. superintendent/designee
2. health services administrator
3. CMS regional medical director
4. site medical director/responsible physician
5. CMS senior regional vice president/designee
6. DORS central office contract monitoring team
7. Regional director of mental health services and director of psychiatry, in cases of suicide

Effective Date: October 22, 2004

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- B. Immediately after the health care staff, which were present at the time of the death, have completed documentation, or after the hospital has notified the site staff of the offender death, one copy of the medical record should be made.
  - 1. The copy should be secured in the health services unit with access limited to the medical director and health services administrator/designee.
- C. IS24-1.3 Offender Death and D1-8.5 Offender Death Notifications will be followed.
- D. Guidelines established in IS11-11.1 Mortality/Administrative Review will be followed.

**IV. ATTACHMENTS**

None

**V. REFERENCES:**

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-A-10 Procedure in the Event of an Inmate Death – *important*.
- B. IS11-11.1 Mortality/Administrative Review
- C. IS24-1.3 Offender Death
- D. D1-8.5 Offender Death Notification

**VI. HISTORY:** This procedure was originally covered by IS11-9.1 Inmate Death located in the Missouri Department of Corrections Institutional Services Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999
- C. Revised Effective Date:

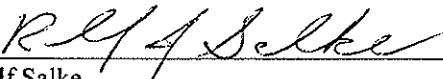
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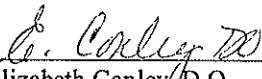
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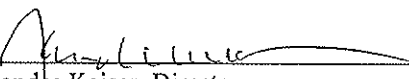
IS11-11.1 Mortality/Administrative Review

Effective Date: **October 22, 2004**

  
Ralf Salke  
Senior Regional Vice President

  
Elizabeth Conley, D.O.  
Regional Medical Director

  
George A. Lombardi, Director  
Division of Adult Institutions

  
Randee Kaiser, Director  
Division of Offender Rehabilitative Services

\*\*\*\*\*

I. **Purpose:** This procedure has been developed to provide guidelines for conducting mortality review following an offender death in a division of adult institution or division of offender rehabilitative services facility that has on-site medical staff.

A. **AUTHORITY:** 217.075, 217.175, 217.320, 537.035, RSMo, NCCHC Standards for Health Services in Prisons, 2003.

B. **APPLICABILITY:** All offenders and staff in a correctional center and institutional treatment center under the jurisdiction of the Division of Adult Institution or Division of Offender Rehabilitative Services. Standard Operating Procedure specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional health providers, and the superintendent/designee.

C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. **DEFINITION:**

A. **Anticipated Death:** A death, which may be expected such as in the case of a terminal/serious/life threatening illness or death by execution.

B. **Institutional Mortality Review:** A mortality review held at the deceased offender's institution by institutional medical and/or mental health staff.

C. **Health Services Contractor:** A service contracted for medical services.

D. **Medical Peer Review:** The process of reviewing the health care rendered to the deceased offender during incarceration. This review is performed by contracted physicians.

E. **Mortality/Administrative Review:** A mortality review held by the administrative and medical staff designated by the director of offender rehabilitative services/designee on deaths under suspicious circumstances.

Effective Date: **October 22, 2004**

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- F. Mortality Review:** A thorough review of the quality of medical/mental health treatment and care provided and procedures followed when an offender has died consisting of an administrative review, institutional mortality review and medial peer review.
- G. Outside Consultant:** Specialist, recognized physician or other healthcare professional, not an employee or independent contractor of the department or its medical contractor.
- H. Psychological Autopsy:** A reconstruction and/or review of a suicide performed by an outside psychiatrist.
- I. Suspicious Circumstances:** Any indication that the death was not due to natural causes:
  - 1. previous correspondence from an offender's family that threats had been made against the offender or that the offender was afraid for her/his life;
  - 2. previous or current indications from the offender that she/he feared for her/his life;
  - 3. the death resulted from injuries sustained in an unknown manner;
  - 4. the offender was transported to the hospital for an emergency situation that was not due to an anticipated death;
  - 5. substantive allegations of inadequate, incomplete, incorrect or untimely medical care as determined by the assistant division director of rehabilitative services/medical services; and/or
  - 6. there are no plausible reasons to explain the offender's death.

### **III. PROCEDURES:**

- A.** The institutional medical unit should perform specific tasks in all cases of death.
  - 1. The health services administrator/designee will immediately notify the regional medical director, regional vice president, and the regional administrator. The department's contract monitoring team will be notified as soon as possible and make notifications per D1-8.5 Offender Death Notifications.
  - 2. Two copies of the medical record will be sent to the regional medical director within 5 working days.
  - 3. The original medical record will be secured in the medical unit.
  - 4. The medical unit staff will complete all pertinent documentation/reports as assigned and all filing will be placed in the medical record.
  - 5. The institutional physician not directly involved in the patient's treatment will chair the institutional mortality review. This will be held within 30 days of the death of an offender.
    - a. If the institution has only one physician, the regional medical director will determine the review chair.
  - 6. For suicides, the institutional chief of mental health services will chair the review.

Effective Date: **October 22, 2004**

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- B. An autopsy will be performed following the death of an offender in accordance with IS24-1.3 Offender Death.
- C. An outside consultant physician/psychiatrist may review the medical records on any death except executions as determined by the director of rehabilitative services/designee.
  - 1. A copy of the entire medical record will be sent to the consultant physician/psychiatrist.
  - 2. The autopsy results (if performed) will be sent along with the medical death memorandum prepared by division of offender rehabilitative services' medical staff.
  - 3. If a suicide, a psychiatrist will conduct a psychological autopsy.
- D. The medical peer review should be held quarterly prior to any administrative reviews. The medical peer review will consist of the regional medical director, 3 other physicians appointed by the regional medical director and the assistant division director of offender rehabilitative services/medical services/designee.
  - 1. A record will be kept on the review and a confidential summary will be written and sent to each site and physician involved in the offender's care.
    - a. This document will be confidential.
  - 2. Suicide reviews will have mental health personnel appointed by the assistant division director/designee/mental health services. They will attend the peer review for suicides.
  - 3. Presentation of the case by the physician will include:
    - a. past medical history,
    - b. presentation of present illness,
    - c. medications,
    - d. procedures,
    - e. responses,
    - f. outcomes,
    - g. differential diagnoses,
    - h. clinical diagnosis,
    - i. pathological discussions and laboratory results,
    - j. autopsy and toxicology results, and
    - k. case summary.
  - 4. The contracted administrative director of nursing/designee will review the nursing care.

Effective Date: **October 22, 2004**

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5. The assistant division director will summarize the current diagnosis, treatment, and most recent problems for any suicide as defined within the Diagnostic Statistical Manual of Mental Disorders.
- E. An administrative review may be conducted on any offender death as determined necessary by the division director or department director.
  1. For all deaths, the following should occur:
    - a. the division director/designee will chair this process unless the death is the result of a suicide,
    - b. the department's chief of nursing services will review the death and attend the review,
    - c. the division of offender rehabilitative services will provide clerical support for the review,
    - d. the division director/designee may request that other department staff attend based on need.
- F. The chair of the respective review process will be responsible for recommending any policy and procedure change as determined necessary, training, etc.
- G. As per contract, the department director/designee may request that independent mortality reviews be conducted by a qualified organization or individual subject to the approval of the department.
  1. These reports will be directed to the department director and such will be available for the medical contractor to review and copy.

#### IV. ATTACHMENTS

None

#### V. REFERENCES:

- A. IS24-1.3 Offender Death
- B. D1-8.5 Offender Death Notifications
- C. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-A-10 Procedure in the Event of Inmate Death – *important*, P-A-06 Continuous Quality Improvement Program – *essential*.

#### VI. HISTORY: This procedure was originally covered by IS11-5.3 Mortality Review Procedure located in the Missouri Department of Corrections Institutional Services Policy and Procedure Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 22, 1998
- C. Revised Effective Date: March 1, 2000
- D. Revised Effective Date: August 28, 2003
- E. Revised Effective Date:



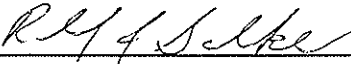
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MISSOURI DEPARTMENT OF CORRECTIONS  
INSTITUTIONAL SERVICES  
POLICY AND PROCEDURE MANUAL

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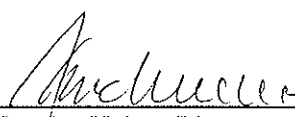
IS11-13 Physician Peer Review/  
Clinical Performance Enhancement

Effective Date: October 6, 2003

  
Ralf J. Salke  
Senior Regional Vice President

  
Elizabeth Conley, D.O.  
Regional Medical Director

  
George A. Lombardi, Director  
Division of Adult Institutions

  
Randee Kaiser, Director  
Division of Offender Rehabilitative  
Services

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I. **Purpose:** This procedure outlines the method to review the effectiveness and appropriateness of the medical care delivery system and identify areas for improvement; incorporating a clinical performance enhancement process evaluating the appropriateness of primary care provider service/s.

A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 2003

B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional health providers, and the superintendent/designee.

C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. **DEFINITION:**

A. **Sentinel Event:** Non-routine event that may involve health care services or health care staff (i.e., deaths, suicide, etc.).

B. **Clinical Performance Enhancement:** Process of having a health professional's work reviewed by another professional of at least equal training in the same general discipline, such as the review of a facility's physicians by the responsible physician.

C. **Mid-Level Practitioner:** — Nurse Practitioner providing primary care under a signed agreement under the direction of or supervising physician as outlined and/or required by the Missouri Advance Registered Nurse Practice Act.

D. **Primary Care Provider:** Licensensed practitioners providing the facility's primary care including medical physicians, psychiatrists, dentists, midlevel practitioners, i.e., nurse practitioners, physician assistants), and PhD-level psychologists.

## Effective Date:

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- E. **Primary Care:** According to the National Academy of Sciences Institute of Medicine, Primary Care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

**III. PROCEDURES:**

- A. The medical and mental health care delivered should be monitored and evaluated by the site medical director or statewide chief psychiatrist on a quarterly basis, as well as for any sentinel event.
- B. The site medical director shall review care provided by the other on-site physicians and off-site consultants.
- C. The department director may request an outside consultant to review health care interventions to the offender population.
- D. The regional medical director should review care delivered by site medical directors on a quarterly basis.
- E. All site peer reviews should be forwarded to the regional medical director for further review.
- F. Peer reviews of physicians, dentists, psychiatrists, and mid level practitioners shall occur in the same manner.
- G. All peer review activities should be considered privileged and confidential quality improvement activities and should be handled in a confidential manner.
- H. There should be a log or other written record providing the names of each physician, along with the date of their recent review.
- I. Results of each review shall be communicated to the practitioner along with any pertinent recommendations and appropriate follow-up should be taken as needed.

**IV. ATTACHMENTS**

None.

**V. REFERENCES:**

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003. P-C-02 Clinical Performance Enhancement - *important*, P-A-06 Continuous Quality Improvement Program - *essential*.

**VI. HISTORY:**

- A. Original Effective Date: October 15, 1999
- B. Revised Effective Date: